

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90168 004 ***150.00

DOCUMENT # P02000036186

1. Entity Name
VACATION TIME INTERNATIONAL, INC.



Principal Place of Business
**3531 OCETA DRIVE
SUITE 100
ORLANDO FL 32837**

Mailing Address
**P.O. BOX 770608
ORLANDO FL 32877**



2. Principal Place of Business

7121 Grand National Plaza - Same

Suite, Apt. #, etc.
Suite 102

City & State
Orlando, FL 32819

Zip
32819

Country
Orange

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State
Orlando, FL 32819

Zip
32819

Country
Orange

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0656682

Applied For

☐ Not Applicable

5. Certificate of Status Desired, ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, S.J.
3531 OCETA DRIVE
SUITE 100
ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name

Smith, S. J.

Street Address (P.O. Box Number is Not Acceptable)

7121 Grand National Plaza

Suite 102

City

Orlando

FL

Zip Code
32819

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *S. J. Smith* **January 3, 2003**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/S/T/D
STREET ADDRESS	Smith, S. J.
CITY-ST-ZIP	7121 Grand National Plaza Orlando, FL 32819
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *S. J. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. J. Smith, Pres. **01/03/03**

Date

Daytime Phone #

CR2E034 (10/02)